

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	(initials)		3-01-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	9 1/21/01
2	10 02/03
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4	
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6	
7	
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	N N
12	N N
13	N N
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	N
18	✓ ✓
19	✓ ✓
20	N
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23	
24	
25	
26	✓ ✓
27	✓ ✓
28	N
29	✓ ✓
30	✓ ✓
31	N
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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